

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Technology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281Purpose of Disbursement  
In kind golf eventCandidate Name  
Rep. John S. TannerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 08

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: D94184

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	6

Amount of Each Disbursement this Period

2472.60

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121Purpose of Disbursement  
campaign contributionCandidate Name  
Rep. Lois CappsOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: D711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MELISSA BEAN FOR CONGRESS

Mailing Address PO BOX 3068

City State Zip Code  
BARRINGTON IL 60010Purpose of Disbursement  
campaign contributionCandidate Name  
Rep. Melissa L. BeanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 08

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: D660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....